## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 

| CLAIMS AS FILED - PART I  |  |  |                                    |                               |               |                                   | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                         |                        |
|---|--|--|------------------------------------|-------------------------------|---------------|-----------------------------------|-------------------|------------------------|----------------------------|-------------------------|------------------------|
|   | ALATIONIAL (                                   | OTACE EEEO                                   | (Colur                             | nn 1)                         | (             | Column 2)                         | DATE              | , L                    | 1                          |                         |                        |
| U.S. NATIONAL STAGE FEES  |  |  | 00                                 |                               |               |                                   | RATE              | FEE                    | 1                          | RATE                    | FEE                    |
| BASIC FEE   |  |  | SMALL EN                           |                               |               | GE ENT. = \$ 300                  | BASIC FEE         |                        | OR                         | BASIC FEE               | 300                    |
| EXAMINATION FEE   |  |  | Satisfies PCT (4) = \$5            | 0/\$100                       | . \$          | her situations =<br>100 / \$ 200  | EXAM. FEE         | <u>``</u> ;            |                            | EXAM. FEE               | 200                    |
| SEARCH FEE  |  |  | U.S. is ISA = ALL other o \$ 200 / | ountries =                    | ALLO          | ther situations =<br>250 / \$ 500 | SEARCH FEE        |                        |                            | SEARCH FEE              | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | mi                                 | nus 100 =                     |               | / 50 =                            | X \$ 125 =        |                        |                            | X \$ 250 =              |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | 56 minus 20 = * 3                  |                               |               | 56                                | X \$ 25 =         |                        | OR                         | X \$ 50 =               | 1800                   |
| INDEPENDENT CLAIMS  |  |  | 7 minus 3 = *                      |                               |               |                                   | X \$ 100 =        |                        | OR                         | X \$ 200 =              | 800                    |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT                              |                               |               |                                   | + \$ 180 =        |                        | OR                         | + \$ 360 =              |                        |
| * If  | the difference                                 | in column 1 is                               | ess than ze                        | ro, enter "0                  | )" in co      | lumn 2                            | TOTAL             |                        | OR                         | TOTAL                   | 3500                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |                                    |                               |               |                                   | SMALL E           | SMALL ENTITY           |                            | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                    | NUM<br>PREVIO<br>PAID         | IBER<br>OUSLY | PRESENT<br>EXTRA                  | RATE              | ADDI-<br>TIONAL<br>FEE | •                          | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                              | **                            |               | =                                 | X \$ 25 =         |                        | OR                         | X \$ 50 =               | ٠                      |
|   | Independent                                    | *  | Minus                              | ***                           |               | =                                 | X \$ 100 =        |                        | OR                         | X \$ 200 = 1            |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |                               |               |                                   | + \$ 180 =        |                        | OR                         | + \$ 360 =              |                        |
| TOTAL ADDIT.  |  |  |                                    |                               |               |                                   |                   |                        | OR                         | TOTAL ADDIT.<br>FFF     |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |                                    |                               |               |                                   |                   |                        |                            |                         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY  | PRESENT<br>EXTRA                  | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                              | **                            |               | =                                 | X \$ 25 =         |                        | OR                         | X \$ 50 =               |                        |
|   | Independent                                    | *  | Minus                              | ***                           | -             | =                                 | X \$ 100 =        |                        | OR                         | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |                               |               | + \$ 180 =                        |                   | OR                     | + \$ 360 =                 |                         |                        |
| TOTAL ADDIT. FFF  |  |  |                                    |                               |               |                                   |                   |                        | OR                         | TOTAL ADDIT.            |                        |
| *   |  | umn 1 is less than th<br>umber Previously Pa |                                    |                               |               |                                   |                   |                        |                            |                         |                        |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.